

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY	***************************************
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STATE OF HAWA. STATE OF HAWA.	NCZ

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Hirano,	Amy	C.	808-536-5688	
MAILING ADDRESS (Street)			FAX	
84 N. King Street			808-536-5720	
(City)	(State)	(Zip Code)		
Honolulu,	н	96817		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Pacific Management Consultants, Inc.			808-536-5688	
MAILING ADDRESS (Street)			FAX	
84 N. King Street			808-536-5720	
(City)	(State)		(Zip Code)	
Honolulu,	Н		96817	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do	TELEPHONE		
Norwegian Cruise Line			
MAILING ADDRESS (Street)	FAX		
700 Bishop Street, Suite 900			
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING O	RGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
MAILING ADDRESS (Street)		FAX	
(City)	(State)	(Zip Code)	

PART III DESCRIPTION	OF SUBJECTS LIPON WE	HICH YOU EXPECT TO LOBBY			
☐ Agriculture	☐ Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections			
	N OF LOBBYIST				
I hereby certify that the	information furnished abov	e is, to the best of my knowledg	ge, correct and complete.		
Cucus Hru	CUX				
(Signature of Labbuilt)					
	(Olgitatal o of Eddbylot)		(Date)		
PART V AUTHORIZATION	ON TO LORBY				
NAME	<u> </u>	TITLE OF AUTHORIZING OFFICER	OR PERSON REPRESENTED		
Robert Kritzman		Sr. Vice President	CONTENCONNEL NEGENTED		
		or. vice Fresident			
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Norwegian Cruise Line					
MAILING ADDRESS (Street)			FAX		
700 Bishop Street, Suite	900				
(City)	(State)	(Zip Code)		
Honolulu,	HI 96813				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the unders igned.					
1-17-07					
(Signature of Authorizing Officer or Person Represented) (Date)					